



PROGRAM POLICY

NUMBER:	QPS 130
TITLE:	Patient Care Variances & Classification
CATEGORY:	Quality and Patient Safety
VERSION:	1.1
AUTHORITY:	Program Director
LAST REVIEWED:	December 2018
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POLICY: A patient care variance is caring that deviates from the Advanced Life Support Patient Care Standards and associated patient care standards.

The RPPEO recognizes four patient care variance classifications: minor patient care variance, major patient care variance, critical patient care variance and inconsequential non-variance (INV).

All four categories of variances may result or lead to a form of educational support. Educational support can be in the form of written or verbal communication or can involve the development of a formal learning plan with follow-up monitoring.

The Medical Director, at their discretion, may deactivate a paramedic who commits a patient care variance if they believe:

- the trust of the Medical Director has been breached; or,
- the patient care variance was a reckless act; or,
- the paramedic is not clinically competent and presents a potential risk to patient safety.

Minor Patient Care Variance

A minor patient care variance is an omission or commission of care that did not have any direct effect on patient morbidity, however, may have affected patient care in a minor way.

Major Patient Care Variance

A major patient care variance is an omission or commission of care that affects or had the potential to affect patient morbidity, however, the outcome was not or was unlikely to have been life threatening.

Critical Patient Care Variance

A critical patient care variance is an omission or commission of care that affects patient morbidity and the outcome was or had the potential to be life threatening.

Inconsequential Non-Variance (INV)

Internal to the RPPEO, an inconsequential non-variance (INV) determination acknowledges that a variance has occurred. This may have systems level impact.

RELATED POLICIES/LEGISLATION:

Advanced Life Support Patient Care Standards, *Ontario Ministry of Health and Long-Term Care* - May 2018, v4.5

BLS Patient Care Standards Section – March 2018 v3.1

Regional Base Hospital Performance Agreement, Ministry of Health and Long-Term Care – May 2008

MOHLTC Documentation Standards and ACR Completion Manual- April 2017 v3.0 EHS Branch

REVISION RECORD:

Version #	Revision Date	Summary of Changes
1.0	September 2016	Added 'INV' and reference to internal tracking, clarified educational and remediation components.
1.1	December 2018	Policy: Removed "Just Culture" paragraph as this was already stated in QPS 100.